Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number
HS001400

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☒ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 4501 W F ST City Lincoln, NE Zip 68522
(no rural route)

Legal Description Cushman Park 13
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 10-30-400-040-000 *Approx. Address (If to be determined)

B. Owner

Name Justin White Signature
Address 4633 W F ST City/State/Zip Lincoln NE 68502
Home Phone 402-304-8545 Work Phone

C. Certified Installer

Name: Jason Kubik Signature
Address 105 Locust ST City/State/Zip Unclaman NE 68372
Work Phone 402-440-7606

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 4.05
Garbage Grinder? ☐ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits Date rec'd
Date frwd
Comments
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 2-28-17 Amount Paid $395.00
Received By SB Cash/Check No. 2828

White - Health Department Yellow - Engineer Pink - Building & Safety

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001400

System Type: Lagoon

Situs: 4501 W F ST, RURAL, NE

Issued: 2/28/2017

Expires: 2/28/2018

Description: CUSHMAN PARK, Lot 13, W279.8'

Owner: WHITE, JUSTIN & AMANDA
4633 W F ST
LINCOLN, NE 68522

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Judith A Halstead
Judith A. Halstead, MS
Health Director

SOUTHWICK LIQUID WASTE
105 LOCUST ST
HICKMAN, NE 68372

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 6

3/13/17 OKgw

Permit Number: #S001402

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 3/13/17 Legal Description ¼ ¼ Section/Township/Range Cochran Park Lot 13

Onsite System Location

Address (no rural route) 4501 W F St City

Owner White Address

Mark One: ☒ Dwelling ☐ Non-dwelling

☐ New System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):

Lagoon constructed so not to receive surface water Lined lagoon	Yes X No
Lagoon floor is level	Yes X No
Lagoon is equipped with a depth gage/concrete slab – pump +	Yes X No
Influent line is at least 4 inches and slopes no less than 1/8 inch pump tank	Yes X No
Clean outs located every 75 feet and one located 1 foot about highest water level	Yes X No
Inside slope not steeper than three horizontal to one vertical	Yes X No
Minimum width of the top of the dike shall be 4 feet	Yes X No
Fence installed	Yes X No

Top of the Dike 59' Bottom of Lagoon 39' Design Flow 300 gpd

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☒	100 ft ☒	Non-Community	100ft ☐	100ft ☐	50ft ☒	50ft ☒	Class 1	200ft ☐	☐
		Community	* ☐				Class 2	200ft ☐	
							Class 3	100ft ☒	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: NA

Dike North side

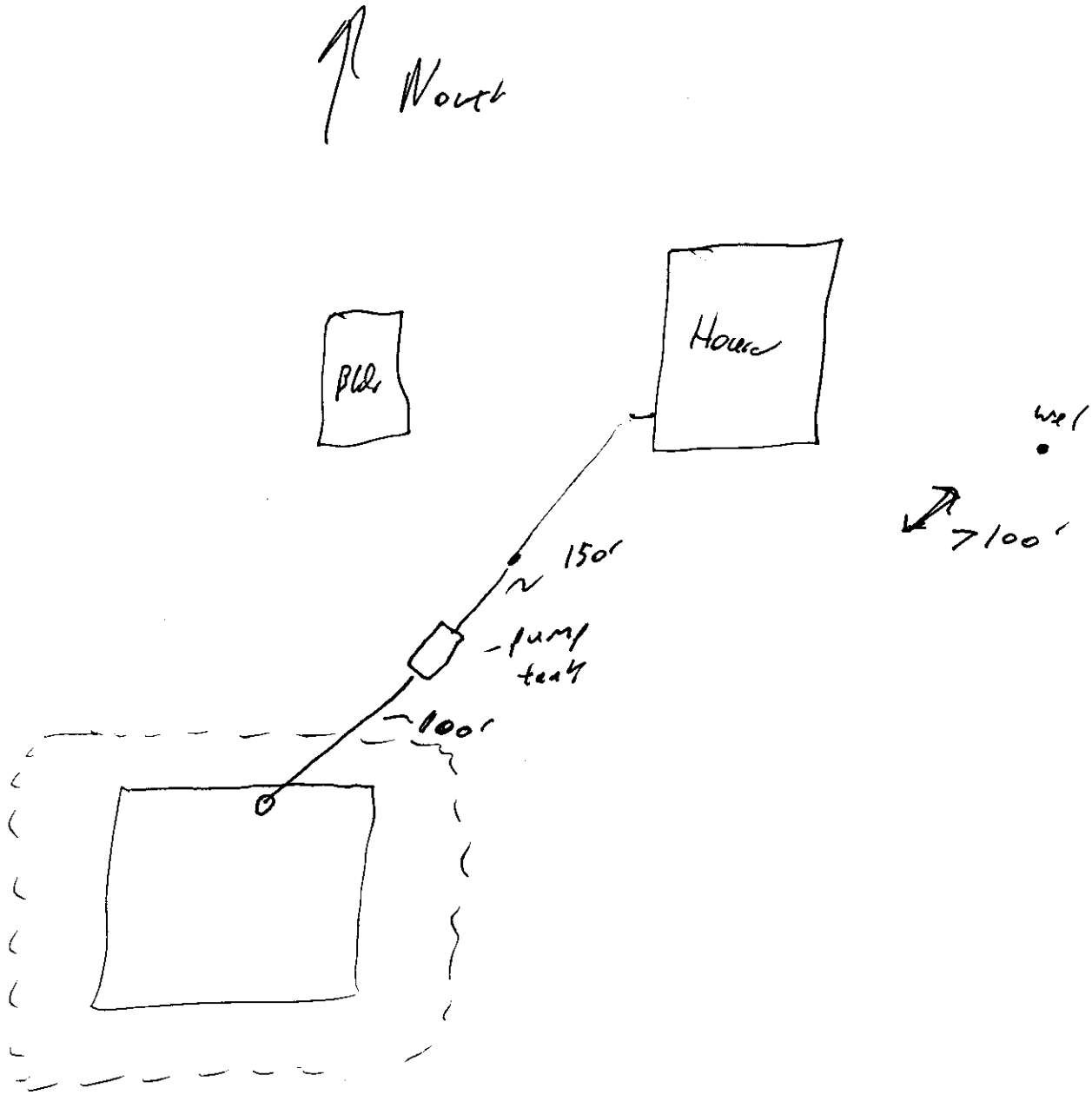
Comments:

Inspections prior to Final Approval
Initial DS Date 3/9/17

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Thurr
Date 3/13/17


North
Bldg
House
well
>100'
150'
pump tank
100'

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 92390031401

Issued 12/03/92
Expires 06/03/93
Revenue Code 18754

Establishment
DEWAYNE FRIESEN
T10N R6E SEC 30
4601 W F STREET

FEES: $50.00

TOTAL $50.00

Permittee
DEWAYNE FRIESEN
RR0001
LINCOLN NE 68502

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO._____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: Dec. 2, 92

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N; Range 6E; Section 30;
Block_____; Lot_____; Addition_____
Street Address 8601 W F ST

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms 2
Describe_____
Other Use ☐
Describe_____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: (2) 100' x 3' laterals

5. Work to be done by: Owner ☐; or Contractor ☒, Friesen Excavating
Contractor's Name

6. Estimated cost of project:

a. Materials	$_____
b. Labor	$_____
c. Other	$_____
TOTAL	$ 1500 00

DeWayne Friesen
Signature of Applicant (owner or lessee)

RT. #1, LINCOLN, NEBRASKA 68502
Address
owner

(Do not write below this line) Lafler

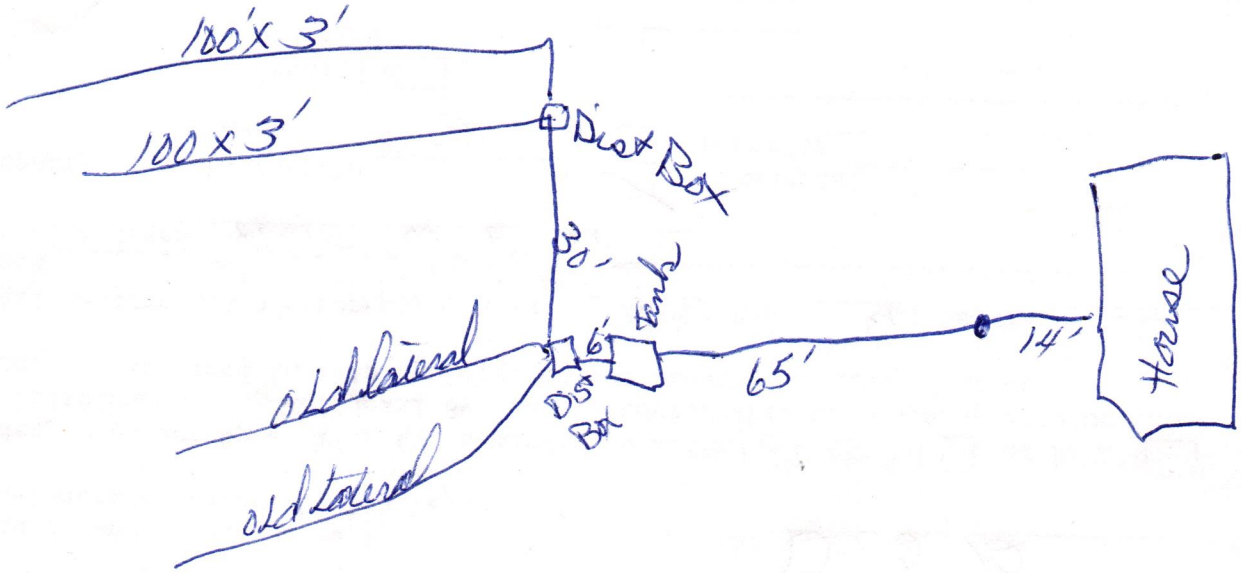
REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ 50 00

2. Site Visits:
Date: 12-2-92 by: P.D.
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-17-96 by: Paul Hyfram


100 x 3'
100 x 3'
Discx Box
30'
Tank
16'
DST Box
65'
14'
House
old lateral
old lateral

Onsite Wastewater Treatment System
As-Built Description and Drawing

10-6-30

Type of Onsite Wastewater System: ☒ Lagoon (Skip to Back Page) ☐ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 10-30-400-040-000

Owner: Justin White Address 4501 West F St Lincoln NE

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 134 ft.

B. Septic Tank

1. Material Concrete Precast
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 108.7 ft.
   Pressure line _____ ft
   Property Line 37.6 ft.
   Foundation 75 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: SW ft. _____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: _____
3. Length of each lateral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

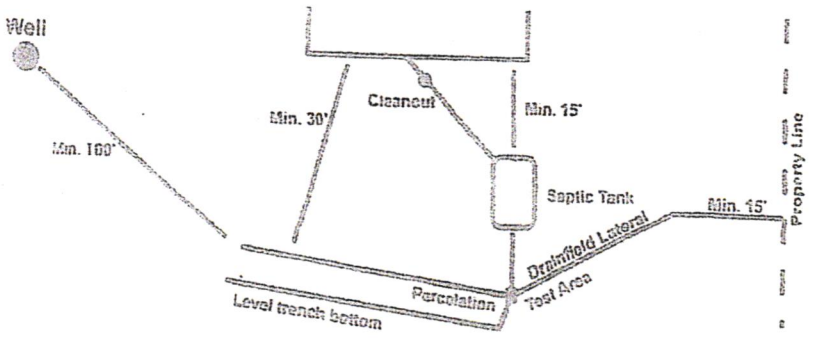
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

If Yes. the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 3/10/17

Complete As-Built drawing on the back of this form.



N
W E
S

*Note-If Lagoon, show all applicable dimensions

